

DATE_____

**Kentucky Department of Education
Division of School and Community Nutrition
Sponsor In-Service Training Documentation
REGISTRATION FORM**

Name of Sponsor/Site: _____ Location_____

Training Conducted by: _____

Topics Covered:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Printed Name	Signature	Title	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature_____Date_____